

Application or Docket Number

10/684431

(Column 1)

(Column 2)

SMALL ENTITY

Of

OTHER THAN
SMALL ENTITY

RATE	FEE
$x \text{ } \underline{\hspace{1cm}} =$	$\$ \underline{\hspace{1cm}}$
$x \text{ } \underline{\hspace{1cm}} =$	
$\$ \text{ } \underline{\hspace{1cm}} =$	

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

(Column 2)

(Column 3)

Small Entry

On

OTHER THAN
SMALL ENTITY

DATE	DESCRIPTION
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11-11-11	
11-11-11	

(C. 01.0000)

(Column 2)

(C) Chlorine

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Fig.

NAME	ADDITIONAL INFORMATION
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DATE	ADDITIONAL FEE
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(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total D: CER 1 (4000)	1	1	1
Independent D: CER 1 (4000)	1	1	1

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1: CER 1 (4000))

• If the entry in column 1 is less than the entry in column 2, write 0 in column 3.

• If the Highest Number Previously Paid For (HHS SPAC) is less than 20, enter 20.

• If the Highest Number Previously Paid For (HHS SPAC) is less than 1, enter 1.

• The Highest Number Previously Paid For (HHS SPAC) is less than 1, enter 1.

[illegible]